

POSITION	INITIALS	ID NO.	DATE
		71530	1/29
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	dy		2-12-50
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	cg	6665	4-11-50

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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